

CLIMBING PROGRAMS ADDENDUM

Any previous climbing program experience? Y <input type="checkbox"/> or N <input type="checkbox"/>	If yes, as a <input type="checkbox"/> participant <input type="checkbox"/> staff member
Please describe your climbing experience and abilities:	
Please list any relevant certifications you hold or trainings you have attended:	
Are you interested in teaching children? Y <input type="checkbox"/> or N <input type="checkbox"/>	Any previous teaching experience? Y <input type="checkbox"/> or N <input type="checkbox"/>
Please tell us why you want to work with youth:	
Explain which age group you would prefer to work with and why:	
Please describe something that you've done at work, school, while volunteering, or at a place of worship that you are especially proud of. (Also, if you have a resume, please attach it.)	

SKILLS DATA

The following skills inventory will be used to assess your strengths in relation to our desire to build a well-balanced staff. Rate each of the following based on this scale. Employment is not contingent upon high ratings in all categories. Please assess yourself honestly.

1. Have little or no knowledge and skill in area
2. Have some skill, could assist in teaching/leading activity
3. Considerable skill, could lead and teach without assistance
4. Hold an active certification for this activity

Climbing	First Aid	Other
Belaying:	CPR:	Teaching:
Climbing:	First Aid:	Drivers License:
Lead Climbing:	Advanced First Aid:	Other: